

<i>SERFF Tracking Number:</i>	<i>UNKP-125890829</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>AR-CM-0901-01-659</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine (AAIS)</i>		
<i>Project Name/Number:</i>	<i>/AR-CM-0901-01-659</i>		

## Filing at a Glance

Companies: Milwaukee Casualty Insurance Company, Security National Insurance Company, Trinity Universal Insurance Company of Kansas

Product Name: Commercial Inland Marine (AAIS)      SERFF Tr Num: UNKP-125890829      State: Arkansas

TOI: 09.0 Inland Marine      SERFF Status: Closed      State Tr Num: EFT \$150

Sub-TOI: 09.0005 Other Commercial Inland Marine      Co Tr Num: AR-CM-0901-01-659      State Status: Fees received

Filing Type: Form      Co Status:      Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Denise Freund, Andrea Light      Disposition Date: 11/06/2008

Date Submitted: 11/06/2008      Disposition Status: Approved

Effective Date Requested (New): 01/01/2009      Effective Date (New): 01/01/2009

Effective Date Requested (Renewal): 01/01/2009      Effective Date (Renewal): 01/01/2009

State Filing Description:

## General Information

Project Name:      Status of Filing in Domicile:

Project Number: AR-CM-0901-01-659      Domicile Status Comments:

Reference Organization: NA      Reference Number: NA

Reference Title: NA      Advisory Org. Circular: NA

Filing Status Changed: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt Company Schedule.

SERFF Tracking Number:	UNKP-125890829	State:	Arkansas
First Filing Company:	Milwaukee Casualty Insurance Company, ...	State Tracking Number:	EFT \$150
Company Tracking Number:	AR-CM-0901-01-659		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine (AAIS)		
Project Name/Number:	/AR-CM-0901-01-659		

## Company and Contact

### Filing Contact Information

Freund Denise, State Filings Analyst	dfreund@amtrustgroup.com
12790 Merit Drive	(800) 777-2249 [Phone]
Dallas, TX 75251	(214) 360-8060[FAX]

### Filing Company Information

Milwaukee Casualty Insurance Company	CoCode: 26662	State of Domicile: Wisconsin
12790 Merit Drive	Group Code: 2538	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: AmTrust Financial Group	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 39-1190263	

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Security National Insurance Company	CoCode: 19879	State of Domicile: Texas
12790 Merit Drive	Group Code: 2538	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: AmTrust Financial Group	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 75-6020448	

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Trinity Universal Insurance Company of Kansas	CoCode: 15954	State of Domicile: Kansas
12790 Merit Drive	Group Code: 2538	Company Type: Prop & Cas
Dallas, TX 75251	Group Name: AmTrust Financial Group	State ID Number:
(800) 777-2249 ext. 8194[Phone]	FEIN Number: 75-1413993	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$0.00	11/06/2008	

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<i>Company Tracking Number:</i>	<i>AR-CM-0901-01-659</i>		
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Security National Insurance Company	\$150.00	11/06/2008	23751672
Trinity Universal Insurance Company of Kansas	\$0.00	11/06/2008	



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<i>First Filing Company:</i>	<i>Milwaukee Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$150</i>
<i>Company Tracking Number:</i>	<i>AR-CM-0901-01-659</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Commercial Inland Marine (AAIS)</i>		
<i>Project Name/Number:</i>	<i>/AR-CM-0901-01-659</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	11/06/2008	11/06/2008

SERFF Tracking Number:	UNKP-125890829	State:	Arkansas
First Filing Company:	Milwaukee Casualty Insurance Company, ...	State Tracking Number:	EFT \$150
Company Tracking Number:	AR-CM-0901-01-659		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine (AAIS)		
Project Name/Number:	/AR-CM-0901-01-659		

## Disposition

Disposition Date: 11/06/2008  
Effective Date (New): 01/01/2009  
Effective Date (Renewal): 01/01/2009  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	UNKP-125890829	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine (AAIS)		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes
Form	Equipment Schedule - Contractors' Equipment	Approved	Yes

SERFF Tracking Number: UNKP-125890829 State: Arkansas

First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$150

Company Tracking Number: AR-CM-0901-01-659

TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine

Product Name: Commercial Inland Marine (AAIS)

Project Name/Number: /AR-CM-0901-01-659

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Equipment Schedule - Contractors' Equipment	37-0010	10 07	Declaration New s/Schedule			SERFF 37_0010_10_07_Equipm ent_Schedule__Contract ors_Equipm ent.pdf

## EQUIPMENT SCHEDULE CONTRACTORS' EQUIPMENT

(The entries required to complete this schedule  
will be shown below or on the "schedule of coverages".)

### SCHEDULED EQUIPMENT

ACV = Actual Cash Value

RP = Replacement Cost

AA = Agreed Amount

Item #	Description of Equipment	Limit
		\$ _____

Deductible \$ \_\_\_\_\_ Valuation \_\_\_\_\_

Income Coverage \_\_\_\_\_

		\$ _____
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Deductible \$ \_\_\_\_\_ Valuation \_\_\_\_\_

Income Coverage \_\_\_\_\_

		\$ _____
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Deductible \$ \_\_\_\_\_ Valuation \_\_\_\_\_

Income Coverage \_\_\_\_\_

		\$ _____
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Deductible \$ \_\_\_\_\_ Valuation \_\_\_\_\_

Income Coverage \_\_\_\_\_

<i>SERFF Tracking Number:</i>	<i>UNKP-125890829</i>	<i>State:</i>	<i>Arkansas</i>
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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNKP-125890829 State: Arkansas  
First Filing Company: Milwaukee Casualty Insurance Company, ... State Tracking Number: EFT \$150  
Company Tracking Number: AR-CM-0901-01-659  
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine  
Product Name: Commercial Inland Marine (AAIS)  
Project Name/Number: /AR-CM-0901-01-659

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 11/06/2008

**Comments:**

**Attachments:**

SERFF F777\_03\_07.pdf

SERFF F778\_03\_07.pdf

**Satisfied -Name:** Company Cover Letter  
**Review Status:** Approved 11/06/2008

**Comments:**

**Attachment:**

SERFF Letter\_Company\_Forms.pdf

**Property & Casualty Transmittal Document**

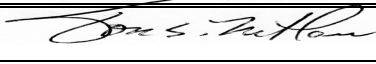
<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>
AmTrust Financial Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Security National Insurance Company	Texas	19879	75-6020448	
Trinity Universal Insurance Company of Kansas	Kansas	15954	75-1413993	
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

<b>5. Company Tracking Number</b>	<b>AR-CM-0901-01-659</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8254	214/360-8060	alight@amtrustgroup.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Jon Zetlau		

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 01/01/09      Renewal: 01/01/09

<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	NA
<b>17. Reference Organization # &amp; Title</b>	NA
<b>18. Company's Date of Filing</b>	November 6, 2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

### Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	AR-CM-0901-01-659
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt Company Declaration Schedule.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Check #:**

**Amount:** \$150

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>		<b>AR-CM-0901-01-659</b>		
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)		<b>NA</b>		
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Equipment Schedule Contractors Equipment	37-0010 10 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



UBI

A Division of AmTrust North America

November 6, 2008

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Inland Marine (AAIS) – Company Form  
Security National Insurance Co. – NAIC #19879; FEIN #75-6020448  
Trinity Universal Insurance Co. of Kansas – NAIC #15954; FEIN #75-1413993  
Milwaukee Casualty Insurance Co. – NAIC #26662; FEIN #39-1190263  
Company Filing Number: AR-CM-0901-01-659

Dear Sir:

For all policies effective on or after January 1, 2009, we wish to adopt the attached Declarations Schedule.

Forms as required by your Department are attached.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Andrea Light at (800) 777-2249 ext. 8254, [alight@amtrustgroup.com](mailto:alight@amtrustgroup.com), or by mail.

Sincerely,

Jon Zetlau  
Bureau & Forms Compliance Manager